



The Reserve Tenant Contact Form

Date: _____

Tenant Name: _____
 Suite: _____ Number of Employees: _____
 Main Phone #: _____ Main Fax #: _____
 Type of Business: _____ Web Address: _____

Emergency/After Hours Contacts

The Management Office is requesting names and telephone numbers from your company for *After Hours Emergencies*. (Note: Office lock-outs are not considered an Emergency.) Please list three (3) people and their telephone numbers in the order you would like us to attempt contact. **Secondary contacts will be called only if primary contact cannot be reached.**

Primary Contact

_____	_____	_____
Print Name	Emergency Phone #1	type
_____	_____	_____
Title	Emergency Phone #2	type

1st Alternate

_____	_____	_____
Print Name	Emergency Phone #1	type
_____	_____	_____
Title	Emergency Phone #2	type

2nd Alternate

_____	_____	_____
Print Name	Emergency Phone #1	type
_____	_____	_____
Title	Emergency Phone #2	type

Business Contacts

Please provide us with the names and *daytime phone numbers* of the following contacts for your office located at the The Reserve:

_____	_____
Primary Daily Contact / Office Manager	Daytime Phone #
_____	_____
E-mail Address	Fax #

_____	_____
Secondary Daily Contact / Office Manager	Daytime Phone #
_____	_____
E-mail Address	Fax #

_____	_____
Executive Contact	Daytime Phone #
_____	_____
Title	E-mail Address

Accounting Contact	Daytime Phone #
Title	E-mail Address

Accounting Address-Please provide us with the address to which rent statements and/or invoices should be mailed, *if other than the local office:*

Name: _____

Address: _____

City, State Zip: _____

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Please list all Authorized Work Order Requestors for your firm. Authorized Requestors shall be authorized to incur charges on behalf of the tenant for all building services (other than construction services.) ***We will only accept Work Orders or Requests from the Tenant Authorized Contacts noted on this form.***

1	X
Print Name	Signature
Print E-mail Address	Office Phone Number
Cell Phone (If Emergency Contact)	Office Fax Number
2	X
Print Name	Signature
Print E-mail Address	Office Phone Number
Cell Phone (If Emergency Contact)	Office Fax Number
3	X
Print Name	Signature
Print E-mail Address	Office Phone Number
Cell Phone (If Emergency Contact)	Office Fax Number

Office Hours:

Please provide your general hours of operation and number of employees working during each shift.

Holiday Schedule/Hiatus:

Please indicate the scheduled Holidays/Hiatus schedules your office recognizes during the calendar year.
